



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
**INSTRUCTION SHEET FOR
HOISTING MACHINE OPERATOR'S APPLICATION FOR CERTIFICATION**

Instructions

Please completely fill out the HOISTING MACHINE OPERATOR'S APPLICATION FOR CERTIFICATION.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
HOISTING MACHINE OPERATOR'S APPLICATION FOR CERTIFICATION

COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Type of Application: (Check the appropriate box) <input type="checkbox"/> New <input type="checkbox"/> Renewal	Certificate Number: (For renewals only)
---	---

A. PERSONAL DATA

Name (Last, First, Middle)		Date of Birth	Social Security Number
Title or Position		Employer	
Business Address		Country if Not in USA	<input type="checkbox"/> Send Mail Here
Home Address		<input type="checkbox"/> Send Mail Here	
Home Phone ()	Business Phone ()	Fax: ()	

B. CERTIFICATION REQUIREMENTS (FOR OFFICE USE ONLY)

1. ____	Valid Government Issued Photo ID: ID Type _____ Number (if applicable) _____
2. ____	Physical Examination must meet the requirements of ASME B30.5 Section 5-3.1.2(a). Submit a completed and current copy of one of the following: Expiration Date: _____ a. ____ A Department of Transportation certificate of medical examination. b. ____ A current medical examination certificate meeting the above-mentioned requirements.
3. ____	NCCCO Certificate Number: _____ Expiration Date: _____ Specialties: ____STBC ____LTBC ____LBTC ____LBCC <i>(If other than NCCCO certificate, please submit information on certifying body, procedures, and testing to HMOAB for review)</i>
4. ____	Fees: All application and certification fees are nonrefundable. a. ____ \$50.00 Nonrefundable application fee due at the time of application submittal. <i>(initial application only)</i> b. ____ \$500.00 Certification fee. Due within 30 days after notified application is approved. c. ____ Prorated fee for periods of less than five years. Amount Due: \$ _____. d. ____ \$10.00 for re-issuance of card.

CERTIFICATION:

I understand that this certificate is valid only for 5 years and that I may not operate any other piece of equipment or could be fined a civil penalty. I also certify that all responses and statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for the denial or revocation of a Hoisting Machine Operator's Certificate and punishable under the criminal laws of the State of Hawaii.

Signature of Applicant	Print Name	Date
------------------------	------------	------

FOR OFFICE USE ONLY			
Date Received:	Approved by:	Certificate No.:	Completed Date:
Check No.:	Check Date:	Check Amount:	Cert. Ltr. Sent:

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.